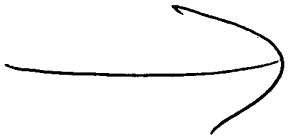


APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number: Unknown
Filing Date: March 10, 2005
Application Type: National Phase
Subject Matter: Utility
Suggested Classification:
Suggested Group Art Unit:
CD-Rom or CD-R?: None
Title: DEVICE FOR INFUSION THERAPY

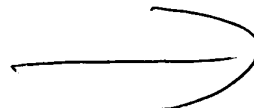
Attorney Docket Number: MOR-254-A
Request Early Publication?: No
Request Non-Publication?: No
Suggested Drawing Figure:
Total Drawing Sheets: Eight (8)
Small Entity: Yes
Petition Included?: No
Petition Type:



APPLICANT INFORMATION

Applicant Authority Type: Inventor
Primary Citizenship Country: Japan
Status: Full Capacity
Given Name: Shinichiro
Family Name: Yokoyama
Name Suffix:
City of Residence: Chiyoda-ku, Tokyo
State or Province of Residence:
Country of Residence: Japan
Street of Mailing Address: 8-24, Kudan-minami 4-chome
City of Mailing Address: Chiyoda-ku, Tokyo
State of Mailing Address:
Country of Mailing Address: Japan
Postal or Zip Code of Mailing Address: 102-8275

Applicant Authority Type: Inventor
Primary Citizenship Country: Japan
Status: Full Capacity
Given Name: Satoshi
Family Name: Saito
Name Suffix:
City of Residence: Chiyoda-ku, Tokyo
State or Province of Residence:
Country of Residence: Japan
Street of Mailing Address: 8-24, Kudan-minami 4-chome
City of Mailing Address: Chiyoda-ku, Tokyo
State of Mailing Address:
Country of Mailing Address: Japan
Postal or Zip Code of Mailing Address: 102-8275



Applicant Authority Type: Inventor
Primary Citizenship Country: Japan
Status: Full Capacity
Given Name: Noboru
Family Name: Fukuda
Name Suffix:
City of Residence: Chiyoda-ku, Tokyo
State or Province of Residence:
Country of Residence: Japan
Street of Mailing Address: 8-24, Kudan-minami 4-chome
City of Mailing Address: Chiyoda-ku, Tokyo
State of Mailing Address:
Country of Mailing Address: Japan
Postal or Zip Code of Mailing Address: 102-8275

Applicant Authority Type: Inventor
Primary Citizenship Country: Japan
Status: Full Capacity
Given Name: Daisuke
Family Name: Kawabe
Name Suffix:
City of Residence: Toshima-ku, Tokyo
State or Province of Residence:
Country of Residence: Japan
Street of Mailing Address: IR. Co., Ltd.
City of Mailing Address: Toshima-ku, Tokyo
State of Mailing Address:
Country of Mailing Address: Japan
Postal or Zip Code of Mailing Address: 171-0043



CORRESPONDENCE INFORMATION

Correspondence Customer Number: 048980
Name: Andrew R. Basile
Street of Mailing Address: 3001 West Big Beaver Road
Suite 624
City of Mailing Address: Troy
State or Province of Mailing Address: MI
Country of Mailing Address: US
Postal or Zip Code of Mailing Address: 48084
Phone Number: 248-649-3333
Fax Number: 248-649-3338
E-Mail Address: basile@ybpc.com

REPRESENTATIVE INFORMATION

Representative Customer Number:	048980	
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Or

Representative Designation:	Registration Number:	Representative Name:
Attorney	24753	Andrew R. Basile
Attorney	37113	Darlene P. Condra

DOMESTIC PRIORITY INFORMATION

Application No.	Continuity Type	Parent Application	Parent Filing Date

FOREIGN PRIORITY INFORMATION

Country	Application No.	Filing Date	Priority Claimed:
WIPO	PCT/JP2003/012917	Oct. 8, 2003	Yes
Japan	JP/2002-335,252	Nov. 19, 2002	Yes

ASSIGNEE INFORMATION

Assignee Name: Nihon University
Street of Mailing Address: 8-24, Kudan-minami 4-chome
City of Mailing Address: Chiyoda-ku, Tokyo
State or Province of Mailing Address:
Country of Mailing Address: Japan
Postal or Zip Code of Mailing Address: 102-8275